

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/937528**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/		/				51					
2			/				52					
3			/				53					
4			/				54					
5			/				55					
6			/				56					
7			/				57					
8			/				58					
9			/				59					
10			/				60					
11			/				61					
12			/				62					
13			/				63					
14	/		/				64					
15			/				65					
16			/				66					
17			/				67					
18			/				68					
19			/				69					
20			/				70					
21			/				71					
22			/				72					
23			/				73					
24			/				74					
25			/				75					
26			/				76					
27			/				77					
28			/				78					
29	/		/				79					
30			/				80					
31			/				81					
32			/				82					
33			/				83					
34			/				84					
35			/				85					
36			/				86					
37			/				87					
38			/				88					
39			/				89					
40			/				90					
41			/				91					
42			/				92					
43			/				93					
44			/				94					
45			/				95					
46			/				96					
47			/				97					
48			/				98					
49			/				99					
50			/				100					
TOTAL IND.	3		5				TOTAL IND.					
TOTAL DEP.	43		23				TOTAL DEP.					
TOTAL CLAIMS	46		28				TOTAL CLAIMS					